



# **WOMEN: 6 HEART HEALTH SECRETS THAT CAN SAVE YOUR LIFE**

Dr. Stephen Sinatra



## About Dr. Stephen Sinatra

Dr. Stephen Sinatra is a top cardiologist whose integrative approach to treating cardiovascular disease has helped thousands.

His expertise is grounded in more than 40 years of clinical practice, research, and study beginning as an attending physician at Manchester Memorial Hospital (Eastern Connecticut Health Network). His career there included 9 years as chief of cardiology, 18 years as director of medical education, 7 years as director of echocardiography, 3 years as director of cardiac rehabilitation, and a year as director of the weight-reduction program.

In 1987, Dr. Sinatra founded the New England Heart Center. Through it, he became a well-known advocate of combining conventional medical treatments for heart disease with complementary nutritional, anti-aging, and psychological therapies.

Today, Dr. Sinatra is a leading authority on integrative solutions for heart health. He has written more than 20 books on natural ways to treat many of the heart health conditions we face—including the best-selling book *The Sinatra Solution: Metabolic Cardiology*, as well as *Heart Sense for Women: Your Plan for Natural Prevention and Treatment*, and his most recent book *Health Revelations from Heaven and Earth*, co-authored with Tommy Rosa.

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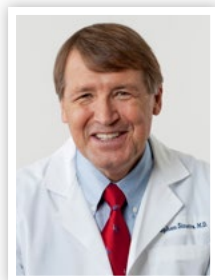
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# INTRODUCTION

Dear Reader,

Conventional cardiology has long done a disservice to women when it comes to preventing, diagnosing, and treating heart disease. That's because for decades most cardiologists have advised women about their heart health based on data and conclusions drawn from medical studies involving *mainly men*!



We now know that using male heart health data to address female cardiac concerns often results in women being misdiagnosed—or treated too late to have a real impact.

**The bottom line for women is simple:** When it comes to taking care of the heart, men and women are different. What works for men often doesn't work for women.

That's why I've written this report. I want every woman on the planet to know the truth about heart disease based on *female* facts and figures. Specifically, *I want to alert all women to 6 female heart health facts that they probably don't know*—because for so long so many people, including doctors, have characterized heart disease as a man's disease.

In this report, you'll learn how to assess your own personal risk for heart disease and find out which medical tests you need to insist your doctor orders for you—specifically because you are a woman. You'll also discover exactly how your heart attack symptoms can differ from those of a man, which might some day save your life—or the life of a woman you love. So, I hope you read the next pages carefully.

For more information on heart health, you can also join me on Facebook at [facebook.com/SinatraMD](https://facebook.com/SinatraMD).

From my heart to yours,

A handwritten signature in black ink that reads "Stephen Sinatra M.D." in a cursive script.

Stephen Sinatra, M.D.

DISCLAIMER: The content in this report is offered on an informational basis only, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the guidance of a qualified health provider before making any adjustment to a medication or treatment you are currently using, and/or starting any new medication or treatment. All recommendations are "generally informational" and not specifically applicable to any individual's medical problems, concerns and/or needs.



## Women, did you know?

### You are more likely to die of heart disease than cancer.

Heart disease is the #1 killer of women. Period, end of story. In fact, heart disease kills more women every day, every month, every year, than all kinds of cancer combined. Here are some important statistics that flesh out this female reality:

- Heart disease kills five times more women than breast cancer.
- One out of three women dies from heart disease, more than 432,000 each year.
- Women are twice as likely as men to die within the first few weeks after a heart attack.

*So why do we still think of heart disease as a man's disease?* The problem lies with the medical establishment. In the past, doctors didn't really "look" for heart disease in women, so they didn't often find it—until those women ended up in the emergency room. And even then, doctors often didn't recognize the more subtle symptoms of heart disease that women tend to experience compared to men.

Today, things are changing for women—but not fast enough. While more doctors are alert to the unique signs of heart disease in their female patients, massive inequalities remain. That means **women must be aware of their**

**own personal risk for heart disease.** To help you assess your own level of risk, take a moment to check off each item that applies to you:

- ☐ You are **over age 65**.
- ☐ You are **more than 20% over your ideal weight**.
- ☐ You tend to **accumulate excess fat around your middle**, not your hips or thighs.
- ☐ One of your grandparents, parents, or siblings had a **heart attack before age 60**.
- ☐ You have **high blood pressure** (130/80 mm Hg or higher).
- ☐ You have **high cholesterol** (240 mg/dL or higher).
- ☐ You have **high LDL cholesterol** (130 mg/dL or higher).
- ☐ You have **low HDL cholesterol** (under 35 mg/dL).
- ☐ You have **elevated triglycerides** (above 200 mg/dL).
- ☐ You have **diabetes**.
- ☐ You **smoke cigarettes**.
- ☐ You **lead a sedentary lifestyle** that includes little to no physical activity.
- ☐ You are **under severe stress**.
- ☐ You **experienced menopause** (natural or surgical) **before age 45**.

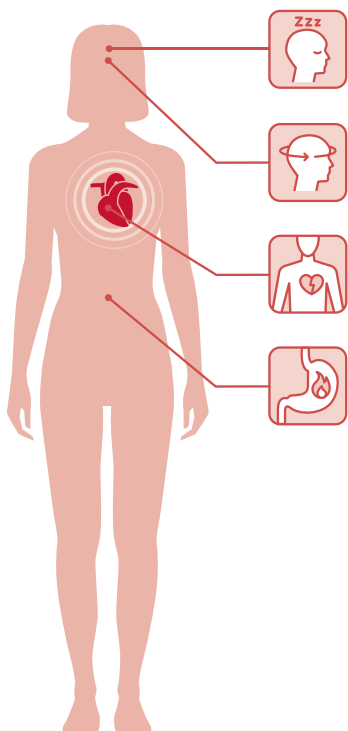
The more boxes you checked off, the higher your personal risk for cardiovascular disease. If you've checked more boxes than not, does that mean you are doomed to die of heart disease? **Absolutely not!** In fact, it may mean you're *less* likely to have a heart attack...IF your elevated risk inspires you to take positive action.



## Women, did you know?

### Your heart attack symptoms are different from men's.

We all know what men in the movies look like when they are having a heart attack. The male victim is usually clutching his chest due to crushing chest pain, gasping for breath, and cradling his left arm because of numbing pain. Such a dramatic scene leaves little doubt that the man needs to be taken to an emergency room pronto!



Unfortunately for women, heart attack symptoms are often much more subtle, vague, and even misleading, so that patients and doctors alike can be slow to recognize the real problem.

**Are you—or a woman you love—having a heart attack? Here's what to look for:**

- › Chest discomfort, pain, or pressure (middle, left, or right side)
- › Back discomfort
- › Pain or tingling in your jaw, elbow, or arm
- › Throat tightness
- › Shortness of breath



- › Indigestion, or a feeling that if you could “burp” the feeling of fullness would go away
- › Nausea or vomiting
- › Lightheadedness with exertion, dizziness, or vertigo
- › Disproportionate sweating with activity
- › Sudden, profound fatigue

If you have any of these symptoms, don't just shrug them off—or let your doctor shrug them off. In fact, that's another difference between women and men: **Women often have symptoms that come and go with no obvious cause.** If you're a woman with significant risk factors, regardless of age, or if you have any suspicious symptoms, you must get a full cardiac evaluation. Keep reading to learn about the best tests for women.







## Women, did you know?

### Your cholesterol level is less important than your levels of inflammation.

These days you can't turn on a TV, flip through a magazine, or walk into a doctor's office without being bombarded with advertisements for cholesterol-lowering medications. Consequently, many Americans are convinced that high cholesterol is the one and only cause of heart disease. If this were in fact the case, why is it then that *half of the people who die of coronary artery disease have normal cholesterol levels?*

In many cases of coronary heart disease, high cholesterol is found at the scene of the crime—but it's not the perpetrator. Recent research has turned up new suspects you should know about. Specifically, **researchers at Harvard University uncovered compelling evidence that chronic inflammation—not cholesterol—is the underlying cause of heart disease.**

**Why is inflammation so important?** There was a time when inflammation meant only normal swelling that occurs with infections and trauma. But now we know what happens when this process goes haywire. The immune system loses its ability to stop the normal inflammatory response. Free radicals, which your immune system uses to combat infection and remove damaged tissue, reproduce willy-nilly. Then they start to destroy healthy tissue, including the tissue in the walls of your arteries.

In addition, inflammation narrows blood vessels and can dislodge plaque that then travels freely in the bloodstream until it causes a blockage. And

that's serious. Blocked vessels stop blood flow to the heart, causing a heart attack, or to the brain, causing a stroke.

**That's why it's important to get the following tests, which focus on inflammation:**

- ▶ **BASELINE:** Start with a baseline blood test that emphasizes inflammatory markers such as C-reactive protein, Lp(a), homocysteine, and fibrinogen. Look for these numbers:

**C-reactive protein:** <0.8 mg/dL

**Lp(a):** <30 mg/dL

**Homocysteine:** 7 to 10 umol/L

**Fibrinogen:** 180 to 350 mg/dL

- ▶ **FOLLOW-UP:** If the baseline blood test shows that your cholesterol numbers are high, don't panic. Simply ask to follow up with one of the newer generation blood lipid tests, such as the **Lipoprotein Particle Profile (LPP) Test** (developed by SpectraCell), the **NMR Lipoprofile Test** (developed by LabCorp), or the **Cardio IQ Report** (offered through Quest Diagnostics). These tests will determine whether your LDL cholesterol particles are predominantly the kind that contributes to inflammation. This is important because high levels of small, inflammatory LDL particles are more serious and must be treated more aggressively than high levels of larger, non-inflammatory particles. Here are my recommendations for healthy cholesterol levels:

**Total cholesterol:** 180 to 240 mg/dL

**Total HDL cholesterol:** 40 to 90 mg/dL for women  
(Note: Very high HDL over 90 can be dysfunctional)

**HDL cholesterol subtypes:** Greater than 25 mg/dL for HDL2;  
greater than 15 mg/dL for HDL3

**Total LDL cholesterol:** 80 to 130 mg/dL

**LDL cholesterol subtype Lp(a):** less than 30 mg/dL

**Total triglycerides:** 50 to 100 mg/dL

**Triglycerides subtype VLDL3:** less than 10 mg/dL

- › **FURTHER DIAGNOSIS:** In addition to the blood tests, the most reliable screening tools for *women* are the “exercise echo” (a stress test accompanied by an echocardiogram) and the 64- or 128-slice ultrafast CT scan (a noninvasive procedure that provides a series of cross-section images of the heart and blood vessels). Please note that thallium stress testing, which involves a nuclear scan, is extremely helpful *but it does have drawbacks for women* since those with denser breast tissue may have shadows that can literally “cloud” the interpretations.
- › **THE GOLD STANDARD:** Even with strong evidence of severe obstructive coronary artery disease, a surgeon will not operate without an angiogram. This invasive test requires making a small incision in an artery, often in an arm or leg, and then threading a catheter into the heart to inject a contrast dye. The dye lights up the blood vessels on an x-ray to define the circulatory anatomy and identify any blockages.





## Women, did you know?

### Your use of over-the-counter painkillers increases your risk of high blood pressure—the silent killer.

Do you use painkillers such as Tylenol (extra-strength acetaminophen) or Advil or Motrin (ibuprofen)? Research from Harvard School of Medicine's ongoing Nurses Health Study casts another dark shadow on the use of over-the-counter painkillers. It turns out that **women are at an increased risk for high blood pressure if they take daily doses of these non-aspirin painkillers.**

This is especially troubling to pain-ridden women looking for safer alternatives to prescription NSAID painkillers like Vioxx. But the results are hard to ignore:

- For women not taking painkillers, the risk of developing high blood pressure is about 1 to 3 percent per year.
- **Women taking 500 mg of acetaminophen a day (that's one extra-strength tablet) faced a 93 to 99 percent increased risk of developing high blood pressure within 3 years.** That's compared to women taking less than 500 mg.

***If you need painkillers frequently, please take this information to heart!***

Talk to your doctor, who may have some safer recommendations for you. Here are the alternatives I recommend:

- **White willow bark** (180 mg twice a day); or
- **Low-dose aspirin** (81 mg to 100 mg a day as tolerated; discontinue if you experience stomach pain); or
- **The nutritional supplement SAM-e** (200 to 400 mg once or twice a day as needed); or
- **Traumeel**, which is available as a topical cream or as a tablet you place under your tongue





## Women, did you know?

### You face grave health risks if you take a statin drug.

Simply put, statins are overhyped, overused, and particularly bad news for women. While it is true that statins do have an anti-inflammatory effect, it's the serious side effects associated with statin drugs that keep me from recommending them for most women.

#### Serious statin side effects include:

- › Neurological injury
- › Digestive problems
- › Liver damage
- › Muscle weakness
- › Myalgia
- › Severe CoQ10 deficiencies

For women, there is yet another compelling reason to avoid statins: **Medical studies have shown that women taking statin drugs may increase their risk of breast cancer.**

Post-menopausal women who take statins may be at an increased breast cancer risk because statins deplete the body of CoQ10, which is crucial for both heart and breast health. Lower CoQ10 levels have been seen in women with breast cancer, though the cause and effect relationship is still unclear. Unless a woman taking statins also supplements with therapeutic doses of CoQ10, she faces a higher risk of breast cancer.

Because of these major statin side effects, **I do not recommend statins for most women.** In fact, I only endorse statin use in men younger than 75 with advanced arterial disease.





## Your genes don't control your heart health destiny.

Genes aren't destiny. In fact, genetics control only 20% of our overall health picture. That means the other 80% is yours to manage, improve, and enjoy!

To help you control your own heart health destiny, here's a snapshot of my proven 4-part plan to prevent or reverse heart disease.

### PART 1

**Eat like a citizen of the world.** Take the best and tastiest elements from the heart healthy Mediterranean and Asian diets and add an American twist. That means eating a diet rich in lean protein, healthy fats, and slow-burning carbohydrates from legumes, seasonal vegetables, and fruits.





## Eat **MORE** of these foods

- Slow-burning, low-glycemic vegetables such as asparagus, broccoli, kale, spinach, and legumes such as lentils and chickpeas
- Onions and garlic
- Oatmeal, and higher-fiber, gluten-free pastas such as Jerusalem artichoke pasta and red lentil pasta
- Fruits such as blueberries, cherries, plums, dried apricots, pears, apples, cantaloupes, and kiwi
- Nuts and seeds, including walnuts, almonds, and flaxseed
- Fatty cold-water fish, such as wild Alaskan salmon, mackerel, and sardines
- Extra-virgin olive oil
- Eggs (up to 6 per week)
- Low-fat cottage cheese and feta cheese

## Eat **LESS** of these foods

- Processed foods containing refined white flour and sugar such as breads, most cereals, white flour-based pastas, and pastries
- Foods with trans fats (containing hydrogenated or partially hydrogenated oils) such as most commercial crackers, chips, cakes, cookies, doughnuts, and processed cheese
- Red meats and organ meats
- Oils from corn, peanut, safflower, and sunflower
- Starchy, high-glycemic vegetables such as potatoes and corn
- Processed canned foods such as soups, which are usually very high in sodium
- Processed fruit juices, which are usually very high in sugar
- Products containing high fructose corn syrup (HFCS), artificial colors, chemicals, preservatives, and hormones

## PART 2

**Take heart-loving supplements.** Much like a good diet, targeted supplements can improve every aspect of your health. Your baseline supplement program should include a quality probiotic and a comprehensive multivitamin formula rich in B vitamins and antioxidants. Then to boost heart health, consider this handful of heart-loving nutrients. Take the recommended amount daily, in divided doses:

- Broad-spectrum magnesium (400 to 800 mg)
- CoQ10 in hydrosoluble form (50 to 100 mg for prevention, up to 300 mg if you have a heart condition)

- › Astaxanthin (6 to 12 mg)
- › D-ribose (5 g for general energy support, 10 to 15 g if you have heart failure, cardiovascular disease, peripheral vascular disease, or stable angina)
- › Omega-3 fatty acids (1 to 2 g for prevention, 2 to 3 g if you have heart disease)

## PART 3

**Get moving.** Yes, I am recommending exercise here—but not the red-faced, sweaty, heart-pounding kind. More like the walking, gardening, dancing, just-get-moving kind. That's because a sedentary life with no physical activity is the single most prevalent risk for heart disease. So, you need to make sure you include about 30 minutes of pleasant activity in your routine most days of the week.

The best exercise for you is the type you will actually do regularly. But I definitely consider walking to be at the top of the list of heart healthy exercises. Research has shown that women who walked briskly for 3 hours per week cut their risk of heart attack by 40%. And women who walked briskly for 5 or more hours per week cut their risk of heart attack IN HALF!

## PART 4

**Use your spirit to heal your heart.** At its most basic, your heart is a pump—vital to your continuing life. But like a growing number of doctors, I believe your heart is also where your body, mind, and spirit come together. The true center of your being.

And that's why a spiritual connection—to God, a higher power, whatever is meaningful to you—is so important to your ongoing health. Take time to nurture this aspect of your life. By feeding your spirit—through music, art, religion, meditation, or just quiet contemplation—you will nourish and strengthen your heart, and increase your ability to repair past damage. For more on the body/mind/spirit connection, my latest book *Health Revelations from Heaven and Earth*, co-authored with Tommy Rosa (along with the outstanding introduction written by Christiane Northrup, MD), is a good place to start.

# It's Easy to Connect with Dr. Sinatra Anywhere, Anytime!

To make sure you stay on top of the latest news and recommendations regarding your heart and your health, keep in touch with Dr. Stephen Sinatra 24 hours a day, 7 days a week, via one of these channels:

## Visit the Web

[Drsinatra.com](http://Drsinatra.com) empowers you with the tools and information you need to take an active role in managing your health. You can easily access information on a wide range of health conditions, get answers to the most frequently asked questions about heart health, or read Dr. Sinatra's blog where he discusses the latest integrative solutions to keep your heart healthy.

## Get Dr. Sinatra's FREE E-Newsletter

Every week, Dr. Sinatra emails you the latest research, heart health news, and solutions that will help you achieve the best heart health possible. If you don't already receive his e-newsletter, you can sign up for it on [drs Sinatra.com](http://drs Sinatra.com).

## Connect with Dr. Sinatra on Facebook

Stay in contact daily with Dr. Sinatra, and exchange health information and ideas with other health-conscious individuals on [Dr. Sinatra's Facebook page at facebook.com/SinatraMD](https://www.facebook.com/SinatraMD).



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